

State of California BOARD FOR PROFESSIONAL ENGINEERS, LAND SURVEYORS, AND GEOLOGISTS Department of 2525 Comital California Control California Control California Control California Control California California California

2535 Capitol Oaks Drive, Suite 300, Sacramento, CA 95833-2944 Telephone: (916) 263-2222 - Toll Free: 1-866-780-2944

Facsimile: (916) 263-2246 www.bpelsg.ca.gov



DECLARATION AND REQUEST FOR REPLACEMENT LICENSE SUBMIT WITH \$10 FEE PER REQUEST

Request is hereby made for: Replacement of Wall Certificate			For Office Use Only Date Received:		
		A			
REASON FOR REQUEST:					
Lost Original Not Received Name Change* (Return original)	Stolen Clerical Erro Destroyed	Or [*] (Return origi	nal)		
	Daytime Tel	lephone Nu	mber:		
	e-	mail Addres	SS		
NAME: First	Middle		Last		
ADDRESS: Street		City	State	ZIP Code	Country
DATE OF BIRTH	SOCIAL SECURITY N	UMBER		LIC	CENSE ISSUE DATE
ICENSE CLASSIFICATION			LICENSE/CERTIFICATE NUMBER		
* Under these two circumsta	nces, original certificates	must be ret	urned befo	re replacem	ents will be issued.
I hereby certify under penalty information set forth above ar Board should said license, cer become known.	e correct, that I will immed	iately return	the license,	certificate,	or registration to the
SIGNATURE		_	DA	TE SIGNED	

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